

OFFICIALState Illinois

6.b. OPTOMETRIST'S SERVICES

Optometrist's services are limited to eye examinations and the provision of necessary glasses, (see also 12d, page 6). Payment can be made for no more than one examination in a twelve (12) month period for the purpose of determining the refractive state of the eyes. Authorization to bill for more than one examination can be given if medical need for a second examination is documented.

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OFFICIALState: Illinois

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP: MEDICALLY NEEDY INDIVIDUALS WHO ARE AFDC-RELATED
AND WHO ARE AGE 18 OR OVER AND NOT PREGNANT

- c. Medical supplies, equipment, and appliances suitable for use in the home ☒ Provided
☐ No limitations
☒ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility ☒ Provided
☐ No limitations
☒ With limitations*
8. Private drug nursing services ☒ Provided
☐ No limitations
☒ With limitations*
(See Page Attach. 3.1-B
Page 5 (a)-1)
9. Clinic services ☒ Provided
☒ No limitations
☐ With limitations*
10. Dental services ☒ Provided
☐ No limitations
☒ With limitations*

*Description provided on attachment.

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State: Illinois

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP: MEDICALLY NEEDY INDIVIDUALS WHO ARE AFDC-RELATED
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11. Physical therapy and related services

a. Physical therapy

- ☐ Provided
- ☐ No limitations
- ☐ With limitations*

b. Occupational therapy

- ☐ Provided
- ☐ No limitations
- ☐ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist

- ☐ Provided
- ☐ No limitations
- ☐ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

a. Prescribed drugs

- ☒ Provided
- ☐ No limitations
- ☒ With limitations*

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State: Illinois

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b. Dentures

☐ Provided

☐ No limitations

☐ With limitations*

c. Prosthetic devices

☒ Provided

☐ No limitations

☒ With limitations*
(Prior Approval)

d. Eyeglasses

☒ Provided

☐ No limitations

☒ With limitations*

13. Other diagnostic, screening, preventive,
and rehabilitative services, i.e., other
than those provided elsewhere in this
plan

a. Diagnostic services

☒ Provided

☒ No limitations

☐ With limitations*

*Description provided on attachment.

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b. Screening services

☐

Provided

☐

No limitations

☐

With limitations*

c. Preventive services

☐

Provided

☐

No limitations

☐

With limitations*

d. Rehabilitative services

☒

Provided

☐

No limitations

☒

With limitations*

14.a. Services for individuals age 65 or
older in institutions for
tuberculosis

(1) Inpatient hospital services

☐

Provided

☐

No limitations

☐

With limitations*

*Description provided on attachment.

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Attachment 3.1B Part II

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State: Illinois

OFFICIAL

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP: MEDICALLY NEEDY INDIVIDUALS WHO ARE AFDC-RELATED
AND WHO ARE AGE 18 OR OVER AND NOT PREGNANT

(2) Skilled nursing facility
services

☒ Provided

☐ No limitations

☐ With limitations*

(3) Intermediate care facility
services

☒ Provided

☐ No limitations

☐ With limitations*

14.b. Services for individuals age 65 or
older in institutions for mental
diseases

(1) Inpatient hospital services

☒ Provided

☒ No limitations

☐ With limitations*

(2) Skilled nursing facility
services

☒ Provided

☒ No limitations

☐ With limitations*

*Description provided on attachment.

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☐ Other ☐ Send ☐ Do not send

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State: Illinois

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

OFFICIALMEDICALLY NEEDY GROUP: MEDICALLY NEEDY INDIVIDUALS WHO ARE AFDC-RELATED
AND WHO ARE AGE 18 OR OVER AND NOT PREGNANT

-
- (3) Intermediate care facility services ☒ Provided
- ☒ No limitations
- ☐ With limitations*
15. Intermediate care facility services (other than such services in an institution for tuberculosis or mental diseases) for persons determined, in accordance with 1902(a)(31)(A) of the Act, to be in need of such care ☒ Provided
- ☒ No limitations
- ☐ With limitations*
- a. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions ☒ Provided
- ☒ No limitations
- ☐ With limitations*
16. Inpatient psychiatric facility services for individuals under 22 ☐ Provided
- ☐ No limitations
- ☐ With limitations*

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State: Illinois**OFFICIAL**

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP: MEDICALLY NEEDY INDIVIDUALS WHO ARE AFDC-RELATED
AND WHO ARE AGE 18 OR OVER AND NOT PREGNANT

17. Nurse-midwife services ☐ Provided
☐ No limitations
☐ With limitations*
18. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary
- a. Transportation ☒ Provided
☐ No limitations
☒ With limitations*
- b. Services of Christian Science Nurses ☐ Provided
☐ No limitations
☐ With limitations*
- c. Care and services provided in Christian Science sanatoria ☒ Provided
☒ No limitations
☐ With limitations*

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Attachment 3.1B Part II

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OFFICIAL

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP: MEDICALLY NEEDY INDIVIDUALS WHO ARE AFDC-RELATED
AND WHO ARE AGE 18 OR OVER AND NOT PREGNANT

d. Skilled nursing facility
services provided for patients
under 21 years of age

☐ Provided

☐ No limitations

☐ With limitations*

c. Emergency hospital services

☒ Provided

☒ No limitations

☐ With limitations*

f. Personal care services
in recipient's home, prescribed
in accordance with a plan of
treatment and furnished by a
qualified person under supervision
of an R.N.

☐ Provided

☐ No limitations

☐ No limitations*

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